used at all, it should only be when the os uteri is well dilated, or easily dilatable. In such cases, it may be occasionally useful, by urging the uterus to brisker contractions; and thus effect the delivery of the child, as speedily, perhaps, as if turning had been resorted to; especially, if this must be attempted by the inexperienced practitioner.

The ergot may be used with a fair prospect of success, when the head of the child has been left within the cavity of the uterus after the delivery of its body, when no objection can arise from the unhealthy condition of the pelvis.

I have also derived much advantage in several cases of menorrhagia, where the long continuance of the disease, rather than the immediate excess of the quantity discharged rendered it important, it should be arrested. I have given in such cases one grain, three times a day, in the form of a pill, and continued it for some time.

It may also be useful in cases of polypi; where it shall be desirable to force these substances beyond the neck of the uterus, for the purpose of applying a ligature, or with a view to their excision. I have some time since, suggested its probable usefulness in hydatids of the uterus;[*] and its value in such cases has been in part realized by Dr. MACGILL.[†]

ART. II. *Case of Obstinate Cough, occasioned by elongation of the Uvula, in which a portion of that organ was cut off, with a description of the instrument employed for that purpose, and also for excision of scirrhous tonsils*, by PHILIP SYNG PHYSICK, M. D. Professor of Anatomy in the University of Pennsylvania. [With a plate.]

IN June last, a young lady afflicted with a very obstinate cough, applied to Dr. Physick, and gave him the following history of her case, drawn up by her physician at New Orleans.

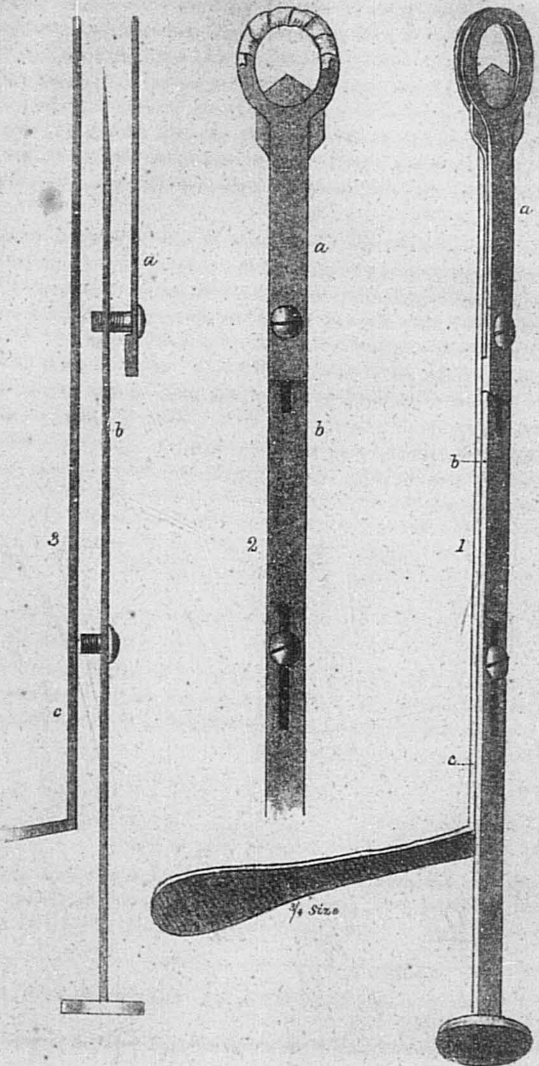
"The first circumstances which had any connection with the singular affection of this young lady, were, a complaint of constant head-ache, attended with a disposition to vomit without nausea occurring first, during convales-

---

[*] See Treatise on the Diseases of Females, Chap. "On Hydatids of the Uterus," by the author.

[†] See his interesting case in the preceding number of this Journal, p. 240.

Plate 3, vol. 1.



¾ Size

J. Drayton Lith.

cence from an attack of remitting fever, in the middle of May, 1826. The latter symptom soon became the most prominent, and increased to a constant effort to retch, in which nothing was thrown up from the stomach, and which was not relieved by free vomiting. At this time no complaint of pain was made any where but in the head.

"Considering the gastric irritation as sympathetic of an incipient cephalic affection, leeches were applied to the temples and behind the ears, and some doses of active cathartic medicines given. No advantage was derived. The retchings became nearly constant, and from a noisy effort to vomit, it gradually changed to a convulsive cough, altogether involuntary and uncontrollable, and conveying an impression as if something obstructed and irritated the organs of respiration. This is, as nearly as it can be described, the character of the cough ever since.

"The first paroxysm increased in violence for a number of days, and until the 8th of September, when, about mid-day, after vomiting, (which was at this time not unusual with her,) in which she threw off a quantity of white tough mucus, she fell into a state of extreme prostration. The cough ceased and she appeared to be dying. From this she slowly revived through the evening, and on the next day there was a degree of reaction amounting to fever, which gradually subsided and left her quite well.

"The mucous expectoration, likewise, though at the time regarded with some interest, has, in the latter attacks, been produced occasionally in vomiting, but never followed by the same alleviation. On the recovery from the first attack, she remained well for two weeks, when she was again seized with the same spasmodic cough, attended with pain in the breast, but not preceded as before with any irritation of the stomach. This, after continually increasing in violence for about eight days, again left her in nearly the same manner it had done in the first instance. After an interval of three weeks, she had another attack of the same duration, and of extreme severity. Since this there has been two more, but at longer intervals, and not altogether of the same severity.

"The dates of the different paroxysms are the early part of September—of October—of November—of January—and of May. During the long interval between January and May, a slight cough of the same peculiar character has seized her every morning on awaking, after which she remains entirely exempt for the remaining twenty-four hours. At first it lasted for a few seconds only, but its duration gradually increased to thirty or forty minutes. Since the last violent attack it has been reduced to only a few moments continuance."

After many remedies had been used in the above case, without affording any permanent benefit, the patient was sent to Philadelphia, and Dr. Physick consulted. The circumstances appeared to him to point out an elongation of the uvula as the cause of the disease. On examining the throat, he found such an elongation actually existed. This was explained to the patient and to her friends, and the excision of a part of the uvula was performed, immediately after which all the symptoms ceased entirely, and have not since returned in the slightest degree.

In the operation of cutting off the uvula, Dr. Physick has, until very lately, used scissors; but being unable to complete the operation by one application of that instrument, several have been necessary to effect the division of the part. To obviate this difficulty, he determined to try the old instrument, as modified and represented by BENJAMIN BELL, in his System of Surgery. He found, however, that although he could divide with that instrument, the greater part of the uvula, a portion of the membrane that covers the back part of it, was not always divided, making the use of scissors necessary to cut it through. To remedy this inconvenience, he caused an instrument to be made as represented in the annexed figure, having two plates instead of one, between which the knife was passed, but still the same difficulty was experienced in cutting through the membrane on its posterior part. He then thought of wrapping a strip of waxed linen over the semi-circumference of the opening, to support the membrane until it should be divided by the knife. Thus constructed, the instrument answered his purpose completely, and cut through the whole substance of the part in an instant. Dr. Physick has since used an instrument of similar construction for the removal of scirrhous tonsils. He finds it easy to cut off the whole, or any portion that may be necessary, of the enlarged tonsil in this manner. The operation can be finished in a moment of time. The pain is very little, and the hæmorrhage so moderate that it has not required any attention in four cases in which the doctor has lately performed it.

The instrument is so accurately represented in the annexed plate, that a very brief description of it is all that can be required. Three views are given; 1st, a perspective; 2d, a front; 3d, a side view, the parts separated to show them more distinctly. The whole instrument is made of steel, and consists of two plates, *a*, and *c*, between which is the cutting-blade *b*. The upper plate, *a*, is short, and is fastened to the lower, *c*, by a screw, which passes through a groove in the blade *b*. The lower plate *c*, is longer than the upper, and is bent at one end so as to form a handle. Between these two plates is the blade *b*, one termination of which is somewhat lance-shaped and sharp, the other has a button on it, upon which the thumb is pressed, when it is wished to push forward the blade. The blade is made to move steadily by the screw, which connects together the upper and lower plate, and also by a second screw which passes through a groove in the blade and fastens in the lower plate.

In figure 2, the strip of waxed linen is represented wound round the semi-circumference of the opening.

The size of the perforated end of the two plates, and of course

that of the knife must be larger in the instrument for extirpation of the tonsils, than in that for truncation of the uvula.

The instrument employed by Dr. Physick, was made by Mr. Henry Shively, No. 75, Chesnut street.

ART. III. *Observations on some points of Pathology.* By WILLIAM E. HORNER, M. D. Adjunct Professor of Anatomy in the University of Pennsylvania.

A FINE injecting matter may be pushed into any vessels into which red particles of blood can naturally penetrate. I have repeatedly filled the whole venous system from the arterial, so as to display all the fine venous meshes under the skin, and to infiltrate the body completely. Judging from these experiments, I am disposed to think that some of the phenomena of inflammation arise mechanically, and that the substance effused from vessels is in a measure according to the mass and momentum of blood flowing through them. Thus when irritation determines an increased afflux of blood to a part, if the calibres of vessels are not large enough to permit it to pass freely from the arteries into the veins, serous infiltration first of all occurs: if the afflux be augmented, then coagulating lymph, the particles of which are larger, is effused; and if there be a further augmentation of afflux, the red particles of blood are then effused through the lateral porosities of the vessels. The corresponding phenomena in fine injections, are, first the water, then the size, and lastly the colouring matter, from its particles being the coarsest of the mixture.

Though many dropsical effusions may be traced to irritation, yet I am disposed to think that some very great errors have been incorporated with their pathology, from the desire to adapt all the phenomena to one standard, to wit, inflammation. This at least I know, that in fine injections of whole adult dropsical subjects, no resistance scarcely is offered by the blood-vessels, and that the injected fluid escapes from them by their lateral parietes or porosities, as fast as it can be thrown in; manifesting thereby evidently a great laxity in their texture. This escape is generally in the order in which we see dropsies to occur, first in the ankles and feet, then up the lower extremities to the trunk; in the hands and wrist, and then up the pectoral extremities to the thorax.

The purpura urticans which occurs in the skin in dropsy, seems to be an extravasation of blood arising from the same passive or loose